

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 6  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>COOKE PICTURES</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 12 / 2015</b>		
Mailing Address <b>2316 W VICTORY BLVD</b>			Amount <b>5000.00</b>		
City <b>BURBANK</b>	State <b>CA</b>	Zip Code <b>91506</b>	Transaction ID : <b>SE24.1048</b>		
Purpose of Expenditure <b>AGENCY FEE - CONSULTING</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 12 / 2015</b>		
Name of Federal Candidate <b>DR. BEN CARSON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>ZZ</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>5000.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>DIRECT ANSWER</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 12 / 2015</b>		
Mailing Address <b>414 SMOKEY HOLOW ROAD</b>			Amount <b>3353.16</b>		
City <b>CAPON BRIDGE</b>	State <b>WV</b>	Zip Code <b>26711-2401</b>	Transaction ID : <b>SE24.1051</b>		
Purpose of Expenditure <b>ONLINE STORE</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 12 / 2015</b>		
Name of Federal Candidate <b>DR. BEN CARSON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>ZZ</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>498175.22</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>8353.16</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 13 / 2015**

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
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Form/Schedule: SE  
Transaction ID : SE24.1048

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states.

Form/Schedule: SE  
Transaction ID: SE24.1051

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states.

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 3 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>HARPER COLLINS PUBLISHERS</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>11 / 12 / 2015</b>	
Mailing Address <b>PO BOX 360846</b>			Amount <span style="border: 1px solid black; padding: 2px;">2416.61</span>	
City <b>PITTSBURGH</b>	State <b>PA</b>	Zip Code <b>15251-6846</b>	Transaction ID : <b>SE24.1050</b>	
Purpose of Expenditure <b>PRINTING</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>11 / 12 / 2015</b>	
Name of Federal Candidate <b>DR. BEN CARSON</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>ZZ</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">498175.22</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>PLAZA PRINTERS</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>11 / 12 / 2015</b>	
Mailing Address <b>6762 DOUGLAS AVENUE</b>			Amount <span style="border: 1px solid black; padding: 2px;">32487.57</span>	
City <b>URBANDALE</b>	State <b>IA</b>	Zip Code <b>50322-3316</b>	Transaction ID : <b>SE24.1052</b>	
Purpose of Expenditure <b>PRINTING</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>11 / 12 / 2015</b>	
Name of Federal Candidate <b>DR. BEN CARSON</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>ZZ</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">498175.22</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">34904.18</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
**11 / 13 / 2015**

Signature

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Form/Schedule: SE  
Transaction ID : SE24.1050

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states.

Form/Schedule: SE  
Transaction ID: SE24.1052

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 5 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>SAVANNA COMMUNICATIONS, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 12 / 2015</b>	
Mailing Address <b>755 SONNE DRIVE</b>		Amount <b>5000.00</b>	
City <b>ANNAPOLIS</b>	State <b>MD</b>	Zip Code <b>21041</b>	Transaction ID : <b>SE24.1049</b>
Purpose of Expenditure <b>AGENCY FEE - CONSULTING</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 12 / 2015</b>
Name of Federal Candidate <b>DR. BEN CARSON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>ZZ</b>
Calendar Year-To-Date Per Election for Office Sought <b>498175.22</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>5000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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Robert Frank

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Date

MM / DD / YYYY  
**11 / 13 / 2015**

Signature

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Form/Schedule: SE  
Transaction ID : SE24.1049

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states.

Form/Schedule:  
Transaction ID: